

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

LEHMAN BROTHERS
HOLDINGS, INC., et al.,

Debtors

Case No. 08-13555

Chapter 11

Jointly Administered

**NOTICE AND EVIDENCE OF PARTIAL TRANSFER OF
CLAIM PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that \$2,463,216.00 of or an undivided 100% ownership interest in the claim set forth below (the "Transferred Claim"), of **Citigroup Financial Products Inc.** ("Assignor") filed as an original or amended Proof of Claim against the Debtor(s):

Proof of Claim Amount	Proof of Claim No.
\$2,463,216.00	15884

has been transferred and assigned to **Värde Investment Partners, L.P.** ("Assignee"). The signature of Assignor on this document is evidence of the transfer of \$2,463,216.00 of or an undivided 100% ownership interest in the claim and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Transferred Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to the Assignee.

Dated: July 31, 2017

ASSIGNEE: **VÄRDE INVESTMENT
PARTNERS, L.P.**

Address: 901 Marquette Avenue South,
Suite 3300
Minneapolis, MN 55402

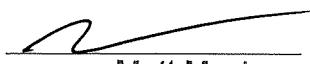
ASSIGNOR: **CITIGROUP FINANCIAL
PRODUCTS INC.**

Address: 390 Greenwich Street, 4th Floor
New York, NY 10013

By: Värde Investment Partners G.P., LLC,
Its General Partner

By: Värde Partners, L.P.,
Its Managing Member

By: Värde Partners, Inc.,
Its General Partner

Signature: 
Name: Matt Mach
Title: Managing Director
Date:

Signature: _____
Name: _____
Title: _____
Date: _____

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New York, NY 10013

By: Värde Investment Partners G.P., LLC,
Its General Partner
By: Värde Partners, L.P.,
Its Managing Member
By: Värde Partners, Inc.,
Its General Partner

Signature: _____
Name: _____
Title: _____
Date: _____

Signature: _____
Name: _____
Title: _____
Date: _____

DocuSigned by:

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Joelle Gavlick - Authorized Signatory